PTO/SB/01 (08-03)

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## Attorney Docket Number 60,449-099 **DECLARATION FOR UTILITY OR** First Named Inventor **DESIGN** Otman A. Basir COMPLETE IF KNOWN PATENT APPLICATION (37 CFR 1.63) Application Number 10/824,190 Filing Date Declaration Declaration April 14, 2004 Submitted OR Submitted after Initial Art Unit 2635 With Initial Filing (surcharge (37 CFR 1.16 (e)) Filing

Examiner Name

	require	u)			<del>-</del>		
I hereby declare that:	· · · · · · · · · · · · · · · · · · ·						
Each inventor's residence, ma	iling address, a	ınd citizenship are as	stated b	elow next to	their name.		
I believe the inventor(s) name which a patent is sought on the			ventor(s)	) of the subje	ct matter wh	nich is claime	d and for
		CONTENT PLAYB	ACK SY	STEM FOR	VEHICLE	S	
		(Title of the In	vention)				
the specification of which		(1780 07 870 77	••••••				
is attached hereto							
is attached hereto							
OR							
was filed on (MM/DD/Y	YYY) April	14, 2004	as Unit	ted States Ap	plication Nu	ımber or PC	T International
[							
Application Number 10/824	,190	and was amended	on (MM/C	DD/YYYY)			(if applicable).
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as							
amended by any amendment	specifically refe	rred to above.					
I acknowledge the duty to di	sclose informa	tion which is materia	al to pate	entability as	defined in 3	37 CFR 1.56	including for
continuation-in-part application and the national or PCT intern					the filing o	date of the p	rior application
I hereby claim foreign priority					f any foreig	n application	n(s) for patent.
inventor's or plant breeder's ri	ghts certificate	(s), or 365(a) of any	PCT inte	ernational app	olication whi	ich designate	ed at least one
country other than the United application for patent, inventor	States of Amer	ica, listed below and	have als	o identified b	elow, by ch	ecking the b	ox, any foreign
before that of the application of	n which priority	is claimed.	5(5), OI a	ny roi inter	nauonai app	Jiloation navi	ng a ming date
Prior Foreign Application		Foreign Filing [		Prio			py Attached?
Number(s)	Country	(MM/DD/YYY)	<u>Y)</u>	Not Cla	imed	Yes	No
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Additional foreign applicat	ion numbers ar	e listed on a supplem	nental pri	ority data she	et PTO/SB	/02B attache	d hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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## **DECLARATION** — Utility or Design Patent Application

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I hereby declare that all statem and belief are believed to be statements and the like so mad false statements may jeopardiz	true; and fur de are punishal	ther that the	ese stat r impriso	ement	s were	made th, unc	with ler 18	the kno	wledge that willful false
NAME OF SOLE OR FIRST IN	VENTOR:		□Ар	etition	has be	en filed	l for thi	s unsigr	ned inventor
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Waterdown	Ontario				L0R	2H4	_	Cana	ada
X Additional inventors or a legal re	presentative are be	ing named on th	ne_1s	suppleme	ental she	et(s) PT(	D/SB/02/	or 02LR	attached hereto.

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Country

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ADDITIONAL INVENTOR(S)

DECLARATION	<del>-</del>	Suppleme	ntal Sheet	Page -	3 4 of
Name of Additional Joint Inventor, if any:		A pe	tition has been filed for thi	s unsigned inv	ventor
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Given Name (first and middle (if any)			Family Name o	r Surname	
Inventor's Signature		Date			
Residence: City	State		Country		Citizenship
Mailing Address					
Mailing Address					

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**DECLARATION** 

## **REGISTERED PRACTITIONER INFORMATION** (Supplemental Sheet)

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Matthew L. Koziarz	53,154					
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